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Date: August 5, 2005

To: Physicians
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From: Jeffrey P. Davis, MD
Chief Medical Officer and State Epidemiologist
for Communicable Diseases

Thomas N. Saari, MD
Chair, Wisconsin Council on Immunization Practices

Jay A. Gold, MD, JD, MPH
Wisconsin Adult Immunization Coalition

Re: 2005-2006 Influenza Vaccine Prioritization Plan

Enclosed is the 2005-2006 Wisconsin Influenza Vaccine Prioritization Plan (the Plan). The Plan provides recommendations for prioritizing the use of influenza vaccine based on vaccine supply and availability and the need to ensure vaccination of persons at high risk and their contacts. Information regarding supply and delivery of influenza vaccine for the 2005-2006 influenza season may not be known until early fall 2005. The Advisory Committee on Immunization Practices (ACIP) recommends that inactivated influenza campaigns conducted in October focus primarily on persons at increased risk for influenza complications and their contacts, including health-care workers. The Plan addresses the timing of efforts to immunize target groups based on risk of complications of influenza disease. A copy of the plan can be downloaded from our website at: www.dhfs.state.wi.us/immunization/news.htm.

The Centers for Disease Control and Prevention (CDC) will monitor the vaccine supply throughout the summer and will issue a statement prior to the beginning of the fall campaign about any need to implement a tiered approach for delivery of this year's vaccine supply. It is anticipated that 4 manufactures may produce influenza vaccine for the 2005-2006 influenza season. Two companies, sanofi pasteur (FluZone®) and Chiron (Fluvirin™) will produce inactivated influenza vaccine and one company MedImmune, Inc., will manufacture a live, attenuated influenza vaccine (LAIV, FluMist™) for the U. S. market. A fourth company, GlaxoSmithKline (GSK) has applied for a license to produce inactivated influenza for the U. S. market for the 2005-06 influenza season.

FluZone® (manufactured by sanofi pasteur) is approved for persons ≥6 months including those with high-risk conditions. Fluvirin™ (manufactured by Chiron) is approved only for persons aged ≥4 years. LAIV (FluMist™ manufactured by MedImmune, Inc.) is approved for use among healthy persons 5-49 years. The GSK license application is only for individuals 18 years of age and above. However, until vaccine is manufactured and distributed, the possibility of vaccine delivery delays or vaccine shortages remain.

Because the annual supply and timing of distribution of influenza vaccine cannot be guaranteed, we continue to stress the importance of local partnerships. The recent history of vaccine delivery delays and shortages underscores the need for these local coalitions to help coordinate the redistribution and use of influenza vaccine. During the 2004-2005 influenza season, local coalitions helped both public and private providers to manage influenza vaccine campaigns in their jurisdictions and helped reduce concern regarding how to distribute vaccine to ensure that high risk individuals in their communities received influenza vaccine in a timely manner.

The 2005 ACIP recommendations for the Prevention and Control of Influenza (Early Release) were published on July 13, 2005 and include a listing of groups that are recommended to be immunized this year. This document can be downloaded from the MMWR website at www.cdc.gov/mmwr. Updated ACIP information on the vaccine supply and timing of distribution of influenza vaccine that affect the target groups will be posted on our website as we receive that information.

The 2005-06 recommendations include the following priority changes:

1. Vaccination of adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration.
2. All health-care workers.
3. Use of both available vaccines (inactivated and LAIV) for eligible persons during the influenza season.
4. The composition of the 2005-06 trivalent vaccine virus strains are A/California/7/2004 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like and B/Shanghai/361/2002-like antigens. Both the inactivated and LAIV vaccines will contain these antigens. Manufacturers may use the antigenically equivalent A/New York/55/2004 for the A/California/7/2004 (H3N2)-like antigen. For the B/Shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jiangsu/10/2003 virus.
5. CDC will monitor and assess the vaccine supply throughout the manufacturing period and will issue a statement about tiered implementation of inactivated vaccine on a later date in MMWR.

Along with the CDC and other agencies, we will continue to monitor and assess the vaccine supply and will follow recommendations made by the CDC regarding the need to implement tiered timing of immunization for at-risk groups as the need arises.

In July 2004, influenza vaccine became part of the routine childhood immunization schedule; recommendations included vaccination of healthy children aged 6-23 months because these children are at substantially increased risk of influenza-related hospitalization and are largely responsible for the community spread of influenza.

When immunizing children several factors must be considered:

- Vaccination of children aged <9 years who are receiving influenza vaccine for the first time can begin in September, if vaccine is available, because these children will need a second dose one month after the initial dose. If a child <9 years received only 1 dose of any influenza vaccine (inactivated or LAIV) during a previous influenza season, they need only 1 dose in subsequent years.
- Children aged 6-35 months should only receive a 0.25 mL dose of a split-virus vaccine formulation.
- Fluvirin™ manufactured by Chiron, if available in 2005, is approved only for persons aged ≥4 years and LAIV (FluMist™) manufactured by MedImmune Inc. is approved for healthy individuals between the ages of 5-49 years old.
- Influenza vaccine without thimerosal used as a preservative will be available in limited supply for the 2005-06 influenza season. The total amount of this vaccine will be increased as manufacturing capabilities are expanded. Neither the American Academy of Pediatrics (AAP) nor the ACIP has expressed a preference for the use of influenza vaccines without thimerosal for children or pregnant woman.

At this point we do not expect delays or shortages but because of the fragile nature of influenza vaccine production and distribution variables, it is important to review and understand the Prioritization Plan for its possible use during the 2005-2006 influenza season. **We recommend that you do not schedule your influenza clinics until you have received your supply of vaccine**. Then, in the event of a shortfall in production or a delay in the delivery of adequate supplies of vaccine, you will be in a better position to communicate with providers in your area to ensure appropriate coverage starting with the high-risk groups. Please review the enclosed materials. If you have any questions please call the Regional Immunization Program Advisor in your area listed below.

Please share this memo with other interested parties.

The latest information regarding influenza vaccine issues is available on the CDC's website: www.cdc.gov/nip/flu.

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